

# BLACK FLY BASEBALL CAMP

## GM SOFTBALL CLINIC

2016



**\*\*Please register by Friday, March 11th for the Black Fly Clinic and receive a t-shirt.**

**BLACK FLY BASEBALL CLINICS:** Saturday, March 26<sup>th</sup> 9AM until 1PM. Black Fly will be for ages 8-13 years old. The camp will be run by the Green Mountain Varsity Baseball coach, Logan Little and his staff. The camp will stress the fundamentals of hitting, pitching, proper throwing mechanics and fielding. \$35 per player. Sign up by Friday, March 11th and receive a t-shirt.

**Fielding/baserunning-** Learn proper mechanics and footwork for fielding and baserunning.

**Pitching/Catching-** Learn throwing routines, and proper mechanics for pitching. Catching-learn receiving, blocking, throwing and footwork skills.

**GM SOFTBALL CLINIC:** This one day clinic will be on Saturday, April 2 from 9AM – 12PM. The GM Softball clinic will be for grades 3 through 8. The camp will be run by GM Varsity Coach Terry Farrell. The cost for this clinic is \$25. Please bring a snack and a drink. The clinic will stress hitting, fielding, and pitching. Please sign up by Friday, March 20th. Each camper will receive a t-shirt.

For more information please call Matt @ (802) 236-2608 or email: [recreationinchester@yahoo.com](mailto:recreationinchester@yahoo.com).

Mail forms & check to: Town of Chester Rec. Dept. PO Box 370 Chester VT 05143

Camper Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents E:mail \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size YS YM YL AS AM AL AXL (circle one)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

OFFICE USE ONLY Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_